

# TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 1 — 0 0 2

2. STATE:

NV

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

Jan 1, 2001

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

1915(g)

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$ 0

b. FFY 2002 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 1 to Attachment 3.1-A, pg. 3

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Supplement 1 to Attachment 3.1-A, pg. 3

10. SUBJECT OF AMENDMENT:

Qualifications for Provider of Targeted Case Management - Mentally Ill

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

*Charlotte Crawford*

13. TYPED NAME:

Charlotte Crawford

14. TITLE:

Director, DHR

15. DATE SUBMITTED:

16. RETURN TO:

John Liveratti, Chief  
Nevada Medicaid  
2527 North Carson St.  
Carson City, NV 89706

## FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: March 14, 2001

18. DATE APPROVED: March 22, 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

January 1, 2001

20. SIGNATURE OF REGIONAL OFFICIAL:

*Linda Minamoto*

21. TYPED NAME:

Linda Minamoto

22. TITLE: Associate Regional Administrator  
Division of Medicaid

23. REMARKS:

10. assisting the consumer to gain access to training programs designed to improve the consumer's needed self-help skills areas;
11. with consumer consent, informing members of his/her family or other caretakers of support necessary to obtain optimal benefits of prescribed medical services;
12. counseling to assist consumers in obtaining needed services;
13. revising the plan of care; and
14. recording the delivery of eligible case management services.

E. QUALIFICATION OF PROVIDERS

Qualified providers are persons employed by, or contractors of, the State of Nevada, Department of Human Resources, other than Medicaid, or organizations affiliated with the University of Nevada School of Nevada who provide case management services and meet one of the following criteria:

1. psychiatrists licensed to practice medicine in Nevada and eligible for certification by the American Board of Psychiatry and Neurology;
2. psychologists licensed to practice in Nevada;
3. social workers who are licensed in Nevada;
4. registered nurses who are licensed in Nevada to practice professional nursing; or
5. nurses, psychiatric caseworkers, mental health technicians, mental health counselors, and child development specialists who work under the direct supervision of a person in classes 1 through 4 above.

F. FREEDOM OF CHOICE

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible recipients will have free choice of the providers of case management services.

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TN.: 01-02 MAR 22 2001  
Supercedes Approval Date \_\_\_\_\_ Effective Date 01/01/01 TN No.: ~~99-16~~ 00-007

